

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025780

6635

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb 6 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp Inc.		d. STREET ADDRESS (If outside, give location) 2706 A Marcus	
3. NAME OF DECEASED (Type or print) First Middle Last George (NMN) Dancy		4. DATE OF DEATH Month Day Year June 23 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1908
9. AGE (last birthday) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight House Laborer		11. BIRTHPLACE (City and state or country) ARK.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight House Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
13a. FATHER'S NAME George Dancy Sr.		13b. MOTHER'S MAIDEN NAME Ettie Janie Eason	
14. NAME OF HUSBAND OR WIFE Lillie Mae Dancy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Lillie Mae Dancy 2706 Marcus Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous Cell Carcinoma Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with Metastasis DUE TO (c) Carcinoma and Cirrhosis of Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, gen'l.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1561	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1755 South Grand Blvd.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from April 15, 1963 to June 23, 1963 and last saw him/her alive on June 22, 1963 Death occurred at 12:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles K. Komet		22b. ADDRESS 1755 South Grand Blvd.	
22c. DATE 6-27-63		22d. DATE SIGNED 6-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. NAME OF CEMETERY OR CREMATORY Washington Park	
23c. DATE 6-27-63		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO, Mo.	
24. FUNERAL DIRECTOR Grant Johnson Funeral Home		25. DATE RECD. BY LOCAL REG. JUN 25 1963	
26. ADDRESS St. Louis, Mo.		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.